Community Pathways Waiver - Amendment #1 Stakeholder Input Summary

The Department of Health and Mental Hygiene (DHMH) shared plans to make changes to the Community Pathways Waiver to create a more flexible, person-centered, family oriented system of supports. Changes to the waiver program will occur in stages and will address new federal rules; will reflect the development of new services, improved business rules, processes, and service rates; and will provide ample opportunity for meaningful public engagement on the prospective changes.

Amendment #1 changes include: (1) Personal support services updates and enhancement to the self-directed service model; (2) Updating the program capacity; (3) Updating and establishing new reserve waiver capacity for waiver participants; (4) Updating projected service cost; (5) Removing requirement for active treatment; (6) Changing personal supports unit of service; and (7) Updating terminology, language, and calculations. Public input on these proposed changes is noted below.

Input	Dept. Response	Notes
Waiver Description Changes - #4 - recommended language change to capture what's "important to the individual" such as: Increase opportunities for community integration, based on the individual's personal interests, through employment, volunteering, meaningful days, lifelong learning, recreation, socialization (i.e. with family, friends, neighbors and other significant relationships), and the pursuit and development of spiritual beliefs and practices as desired.	Accepted	Language has been changed to reflect this idea.
Behavioral Supports – Offer as a self-directed service	Referral	This suggestion was referred to the Behavioral Support Services Workgroup for consideration for a future amendment.
Family and Individual Support Services — Add to service definition - "assistance with locating staff" for individuals self-directing services Delete the \$2,000 limit for FISS services Remove the term "Personal Trainer" from the list of FISS exclusions	Referral	These suggestions were referred to the Self-Directed Services Workgroup for consideration for a future amendment.
Personal Supports - Discussion and planning as to how the dd community and community at large can better identify, support and build direct care staff capacity to better support individuals with dd and their families and prevent direct care staff fatigue/burnout and poor quality of care provided	Referral	This suggestion will be referred to the DDA Quality Advisory Council

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Personal Supports Unit Changes- Change may increase paperwork/record keeping and other duties	Clarification	The DDA attempted to minimize billing processes and record keeping related to the Personal Support changes in the renewal and worked with a provider stakeholder group. These suggestions will be referred to the Self-Directed Services Workgroup for record keeping and billing processes under this service model.
 Self-Directed Services Allotment for office supplies, computer, multifunction machines, internet/FIOS/other Allotment for recruitment and hiring beyond the initial pre-award allotment Allotment to pay for trainings such as positive behavior approach, communication, job development and coach training, community building, disability specific. Allotment to pay benefits such as health insurance and paid time off Increase cap of 10 hours of Support Broker start up 	Referral	These suggestions were referred to the Self-Directed Services Workgroup for consideration for a future amendment.
<u>Transportation</u> – increase cap of \$1,400 for all service areas	Not accepted	This suggestion was considered by the Transportation Workgroup and a recommendation to maintain current limit was made.
Reserved Capacity Changes - create reserved capacity category for "individuals transitioning from the Autism Waiver"	Not Accepted	Eligible individuals transitioning out of the Autism Waiver are supported under the Transitioning Youth reserved capacity.

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Program Capacity Changes- Oppose decrease in slots and requested addition information	Clarification	Additional information was shared with the DDA Quality Advisory Council on January 28, 2016 with no additional comments received. The projected number of slots was developed in 2012 prior to the waiver renewal submission. The numbers of reserved capacity slots are being increased and the total annual slots are being adjusted to reflect current trends associated with increase service request, individuals exiting the waiver, and anticipated legislative appropriations. The change to capacity will not impact current participants and additional slots can be requested if needed.
Terminology - The term "providers" was frequently used as an organization contacted by DDA or its consultants. That term seems to be limited to DDA's licensed providers, and may not include vendors/contractors and even employees that service self-directed participants.	Clarification	The term "provider" does refer to DDA licensed providers. However, consultants conducted Townhall meeting that were open to all stakeholders. Consultants also met with various groups to include self-advocate and a self-directed group composed of individuals self-directing their services, family members, and support brokers.
<u>Terminology and Language Changes/Examples -</u> first bullet (titled Resource Coordinator changed") should describe all the changes from one position to the other, including discarding duties, adding new duties, and defining duties that remain through the change	Clarification	The change is only in name. There were no changes to the responsibilities and duties.
Waiver Advisory Committee Changes/Examples- Needs to describe how a participant or his/her support persons can become a member of this Committee	Clarification	Individuals interested in becoming a member or receiving information about the DDA Quality Advisory Council can contact William S. Pak, DDA Quality Enhancement Analyst at William.pak@maryland.gov or (410) 767-8880

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